

Form B – PHYSICAL DISABILITY VERIFICATION FORM

B1 - To be completed by applicant. B2-B7 - To be completed by the licensed healthcare professional.

►NOTICE TO APPLICANT:

Form B, page B1, is to be completed by you. **Please complete, sign and have this page, B1, notarized before submitting the entire form, pages B1-B7, to your licensed healthcare professional for completion.**

Form B, pages B2-B7 are to be completed by the licensed healthcare professional who has been involved in the treatment of your disability or disabilities.

Applicant's Name: _____

Date of Birth: _____ SSN: XXX-XX- _____

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Applicant's Signature

Date Signed

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission expires _____, 20 _____.

(SEAL)

Signature of Notary

Registration Number (if applicable)

►NOTICE TO LICENSED HEALTHCARE PROFESSIONAL: *For your convenience, this form (Form B - Medical Disability) is also available on the Board's website (www.vbbe.state.va.us) in a fillable "pdf" version.* Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

I. Qualifications of the Licensed Healthcare Professional

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation/specialty: _____ / _____

(Jurisdiction) License/Certification Number (_____)

Name of Licensing Entity: _____

MEMO TO LICENSED HEALTHCARE PROFESSIONAL:

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Legibly print or type your response to the items below. Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? ____ Yes ____ No

If your answer is "yes," please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

II. Information Concerning Applicant's Disability

1. State the specific diagnosis of the disability affecting the Applicant.

2. When was the Applicant first diagnosed with this condition? _____

3. Did you make the initial diagnosis? ____ Yes ____ No

If no, please state the name, address, and telephone number of the professional who made the initial diagnosis.

4. In the following box, describe the specific diagnostic criteria and/or diagnostic tests used, including date(s) of evaluation, test results, and a detailed interpretation of test results. **Please note that you must also attach to this form or provide directly to the Board a complete copy of the testing and assessment tools conducted, as well as copies of your notes and other records relating to the Applicant.**

If you need more space, continue on a separate page.

5. State each date you have seen the Applicant for a consultation:

6. When was your last complete evaluation on the Applicant? _____

7. What occasioned this evaluation (i.e. specific health complaints, need for updated evaluation for accommodation, etc.)?

8. In the following box, briefly describe your treatment of this disability or condition and state the effect of the treatment on the disability or condition.

9. In the following box, state each medication the Applicant is taking for this disability or condition and how it affects, abates and/or treats the disability or condition.

10. In the following box, summarize any side effects the Applicant has experienced with this medication, specifically including any which will affect his or her performance on the Virginia Bar Examination.

11. In its current state, is the Applicant's disability temporary or permanent? ____ Temporary ____ Permanent
If you indicated the disability to be temporary, state below when and under what conditions the disability/condition is likely to abate:

12. Describe in detail all major life activities that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, so state.

13. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ____ Yes ____ No
If yes, please explain.
- _____
- _____
- _____
- _____
14. If you based your recommendations regarding additional testing time on Applicant's reduced handwriting speed/keyboarding speed or ability, please describe all tests conducted by you or relied on by you to determine the speed at which the Applicant writes as compared to that of a person without Applicant's disability.
- _____
- _____
- _____
- _____
- _____
15. Is there any medical or scientific study you can cite which provided you with data enabling you to determine, on an objective basis, the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? ____ Yes ____ No
16. If the answer to the above question was "yes," please attach a copy of the study to this form. In the space below, describe how the study supports the accommodations you have recommended for Applicant.
- _____
- _____
- _____
- _____
- _____
- _____

IV. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC) attached & completed
2. ADDITIONAL TIME REQUEST CHART (ATRC) attached & completed

V. Licensed Healthcare Professional's Certification

I have attached to this Form B copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form B for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the VBE under standard testing conditions or to delay taking the VBE until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

TESTING MODIFICATIONS REQUEST CHART (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to the water fountain or water station. *In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

TESTING MODIFICATIONS REQUEST CHART (TMRC)

Check box	ACCOMMODATION	Specific rationale for accommodation. If you need more space, continue on a separate sheet of paper.
	Additional testing time.	<i>If checked, complete an ADDITIONAL TIME REQUEST CHART (ATRC) If ATRC is not completed, no extra time will be granted</i>
	Large Print (Standard - 12 point font) <input type="checkbox"/> 18 point <input type="checkbox"/> 24 point	
	Braille version of Exam	
	Use of magnifying glass or special visual aid/apparatus. <i>Specify in next column.</i>	
	Assistance in filling in MBE grid	
	Use of sign language interpreter	
	Use of a reader	
	Typist/use of a court reporter	
	Audio cassette version of exam	
	Separate testing area	
	Wheelchair accessibility	
	Other requests not listed above (please list requests below)	

If an applicant with a claimed disability requests the use of a computer to type the answers to the essay questions and if the Board or its expert in the claimed disability concurs that the use of a computer is medically necessary, then the Board will guarantee the applicant a seat in one of the laptop testing rooms **provided the applicant properly registers and pays the appropriate fee.*

ADDITIONAL TIME REQUEST CHART (ATRC)

Day 1, Morning Session:

Applicants are administered an essay test consisting of 5 essay questions in various subject matters. An applicant is provided 8 sheets of lined paper per answer. Typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her answers using their own laptop computer.

Standard Time	Requested Additional Time	Total Test time for this testing session
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3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 1, Afternoon Session:

Applicants are administered an essay test consisting of 4 essay and 20 short answer questions (designed to be answered in a few words) in various subject matters. An applicant is provided 8 sheets of lined paper per essay answer and typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her essay answers using their own laptop computer. Short answer questions must be handwritten in the short answer booklet.

Standard Time	Requested Additional Time	Total Test time for this testing session
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3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 2, Morning Session:

Applicants are administered a 100-question multiple-choice examination which must be answered by “bubbling” in (using a pencil) answers on a computer-graded grid sheet.

Standard Time	Requested Additional Time	Total Test time for this testing session
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3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 2, Afternoon Session:

Applicants are administered a 100-question multiple-choice examination which must be answered by “bubbling” in (using a pencil) answers on a computer-graded grid sheet.

Standard Time	Requested Additional Time	Total Test time for this testing session
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3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.
